



Serial No.: 10/766,123
Inventor: Holleman
TKHR File 11953-1960

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 07-28-2006.

Mary N. Kilgore
Mary N. Kilgore

In Re Application of:

Leen Holleman

Serial No.: 10/766,123

Filed: 01-28-2004

For: **Poultry Wing Separator and Partial Deboner**

Confirmation No.: 2104

Group Art Unit: 3643

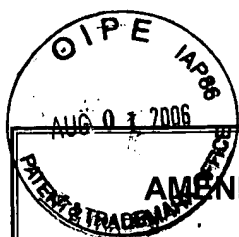
Examiner: Parsley, David J.

Docket No. 11953-1960

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Page
Amendment and Response
Petition for Extension of Time - 1 month
Credit Card Authorization - \$120.

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



epw

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Leen Holleman

Docket No.

11953-1960

Serial No.
10/766,123

Filing Date
01-28-2004

Examiner
Parsley, David J.

Confirmation No.
2104

Group Art Unit
3643

Invention: Poultry Wing Separator and Partial Deboner

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450

Transmitted herewith is an Amendment and Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	20 =	0	X \$50.00	\$0.00
INDEP. CLAIMS	4 -	3 =	1	X \$200.00	\$200
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$120
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$320

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$320.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


George M. Thomas, Reg. No. 22,260

7/28/06
Date